the application of which						
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		(Confirmation No), and was amended on (if applicable).				
I hereby state that I have reviewed and by any amendment specifically referred	understand the cor	itents of the ab-	ove identified applica	tion, including	the claims, a	s amend
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

[Page 1 of 2]

NAME OF SOLE OR FIRST I	MICE MANAGE				
Given Name	NVENTOR:	<del></del>			
(first and middle [if any])	Family Name or Surname Jung				
Inventor's Signature Cloud		Date 11 July 2003			
Residence: City Suwon-si.	State Gyeonggi-do heon Seongil Apt., Mae	Country Rep. of K	orea	Citizenship Rep. of Kore	
Mailing Address: Gyeonggi-d		eran x-dong, baldal	gu, St	JWON-S1,	
City Suwon-si	State Gyeonggi-do	442-711 Zip		Rep. of Korea	
NAME OF SECOND INVENTO	OR:				
Given Name (first and middle [if any])		Family Name or Surna	me	÷-	
Inventor's Signature					
Residence: City	State	Country		Citizenship	
Mailing Address:					
City	State	Zip		Country	
NAME OF THIRD INVENTOR:	1				
Given Name (first and middle [if any])		Family Name or Surname			
Inventor's Signature			Date		
Residence: City	State	Country		Citizenship	
Mailing Address:					
City	State	Zip		Country	
NAMÉ OF FOURTH INVENTO	₹:			.,	
Given Name (first and middle [if any])		Family Name or Surnam	¢		
Inventor's Signature	entor's Signature		Date		
Residence: City	State	Country		Citizenship	
Mailing Address:					
City	State	Zip		Country	
NAME OF FIFTH INVENTOR:					
Diven Name first and middle [if any])		Family Name or Surname	<b>:</b>		
nventor's Signature		Date			
Residence: City	State			Citizenship	
Mailing Address:					
City .	State	Zip		Country	